



**APPLICATION FORM FOR BUSINESS CORRESPONDENT**

**NAME** \_\_\_\_\_  
Last Name
First Name
Middle Name

**DATE OF BIRTH**

DD	MM	YYYY
----	----	------

**POST APPLIED FOR** BUSINESS CORRESPONDENT **LOCATION** \_\_\_\_\_

<b>RESIDENTIAL / CURRENT / CORRESPONDENCE ADDRESS</b>		<b>KIOSK OPERATING ADDRESS</b>	
House No.		House No.	
Area / Landmark		Area / Landmark	
Road		Road	
City		City	
PIN		PIN	
<b>TYPE OF RESIDENCE</b> <input type="checkbox"/> Owned <input type="checkbox"/> Parental <input type="checkbox"/> Rented <input type="checkbox"/> Paying Guest		Landline	
NUMBER OF YEARS IN THE CURRENT CITY : _____		Mobile	
NUMBER OF YEARS IN THE CURRENT SHOP : _____		Email ID	
PAN No.:		Aadhar No.:	
<b>MARITAL STATUS</b> <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Others			
<b>DETAILS OF SPOUSE</b> Name _____			
Occupation		<b>DETAILS OF CHILDREN</b>	
		No. of Children	
<b>CHILD 1</b>		Name	Age
<b>CHILD 2</b>		Name	Age

**EDUCATIONAL QUALIFICATIONS** *Fill in the reverse order with the most recent course appearing first*

Name of School / College	Board/ University	Month & Year	Degree awarded	Marks in %

**WORK EXPERIENCE** *Fill in the reverse order with the most recent employment appearing first*

Name of Company / Shop	Address & Phone No.	Joining Date	Last Designation	Last Date	Reason for Resignation

**PROVIDE REFERENCES OF PEOPLE WHOM YOU HAVE KNOWN OTHER THAN RELATIVE**

S No.	Name	Address	Contact No.	Job Details
1				
2				

**LITERACY DETAILS**

Languages	Read (Y/N)	Write (Y/N)	Speak (Y/N)

**DETAILS OF PERSONAL FINANCIAL ACCOUNTS HELD**

Type of Account	Name of Bank	Account no.	Any instance of default (Y/N)
Savings Account			
Credit Card			
Home Loan			
Personal Loan			
Life Insurance			
Medical Insurance			

**MEDICAL HISTORY**

**Yes / No**

1. Are you suffering from High Blood Pressure	
2. Are you suffering from Diabetes	
3. Do you have any other ailments related to major organs such as Heart, Kidney and Lungs etc. If yes, give details	
4. Are you handicap? If yes, give details	
5. Have you undergone any surgery in the past? If yes, give details	

**EVER APPREHENDED BY POLICE FOR ANY ALLEGED CRIMINAL OFFENCE/INVOLVED IN ANY CASE SUB-JUDICE: (YES / NO)**

If yes, give details. \_\_\_\_\_

**DECLARATION**

I, hereby declare that the above mentioned information is true to the best of my knowledge and understanding. I have not concealed any information or attempted to mislead SARAL TECHNOLOGY SERVICES PRIVATE LIMITED in any manner whatsoever.

<b>DATE:</b>	<b>SIGNATURE OF THE APPLICANT:</b>
<b>NAME OF TEAM MANAGER/DISTRIBUTOR</b>	<b>SIGNATURE OF TEAM MANAGER/ DISTRIBUTOR:</b>
_____	_____
<b>MOBILE NUMBER</b> _____	